

BEAL CodeMark Application Form - All information provided will be treated in strictest confidence

1.0 Name and address details of Certificate-holder – for use of a product in NZ only

Company Name: \_\_\_\_\_

Postal address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Tel: \_\_\_\_\_

Mob: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

2.0 Name of Product (trade name): \_\_\_\_\_

3.1 CodeMark Certificate No: \_\_\_\_\_

3.2 Proposed change(s): \_\_\_\_\_

\_\_\_\_\_ Additional information attached Y / N

3.2 Relevant Clauses of the NZBC: \_\_\_\_\_

6.0 Acceptance of BCS requirements for an application for product certification (a CodeMark certificate):

In signing this application form the applicant agrees to comply with the CodeMark Scheme Rules, BCS Conditions of Contract and declares that the product contains no potentially hazardous material.

6.1 Signed on behalf of applicant

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Company (if different from above): \_\_\_\_\_



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BEAL OFFICE USE

BCS Job No: \_\_\_\_\_

Date \_\_\_\_\_